



Town of Lexington

Office of Community Development

Health Division

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Sharon Mackenzie, R.N., CCM

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David S. Geller, M.D.

John L. Flynn, J.D.

APPLICATION FOR HOTEL OR MOTEL LICENSE

Permit No. _____ Current Permit Expires _____ Fee: \$75.00

Name of Hotel/Motel _____

Address _____

Telephone _____

Owner of Corporation _____

Address of Owner _____

Telephone _____

Manager of Establishment _____

Number of Rooms _____

Check all that apply:

☐ Food Service

☐ Pool

In accordance with the provisions of Section 32-A and 32-B of Chapter 140 of the General Laws, application is hereby made for a license to operate a hotel or motel.

Applicant's signature

Date